

ADVERSE SURVEY ACTIONS – HEALTH FACILITIES

November 2002

CENTRAL REGION

Name	Owner	Administrator	Action Taken	Rationale for Action	Next Step
Hillside Rehabilitation		Dennis Gehring	<b>Conditional License</b> – Issued from July 19, 2002 to January 1, 2003.	Annual survey completed by PCRA on July 11, 2002 found the facility to have substandard quality of care in the area of resident weight loss.	Conditions on the license include: <ol style="list-style-type: none"> <li>1. Facility must correct as per the plan of correction</li> <li>2. Increased monitoring.</li> </ol>
Home Option - Personal Care Agency		Henry Moyle	<b>Conditional License</b> – Issued from August 9, 2002 to December 9, 2002.	Provider had six repeat deficiencies from the previous survey.	Conditions include: <ol style="list-style-type: none"> <li>1. Submit acceptable POC by 9/23/02</li> <li>2. Civil money penalty of \$600.00</li> <li>3. Increased monitoring.</li> </ol> <b>Provider failed to meet conditions of license – Revocation issued on October 3, 2002. Provider appealed and a settlement agreement was reached. Bureau will increase monitoring to ensure compliance.</b>
Stewarts Care NCF		Tammy Jensen	<b>Conditional License</b> – issued from October 16, 2002 to April 16, 2002.	Complaint survey found deficiencies that resulted in <u>actual harm</u> and <u>substandard quality of care</u> to residents.	Conditions include: <ol style="list-style-type: none"> <li>1. Pre-authorization for new admissions,</li> <li>2. Maintain dietary consultative services,</li> <li>3. Increased monitoring.</li> </ol>
South Valley Health Center		Trent Bangerter	<b>Conditional License</b> – Issued from October 23, 2002, to February 26, 2002.	Follow-up to a complaint survey found the facility to be out of compliance within specified time frames – failure to correct.	Conditions include: <ol style="list-style-type: none"> <li>1. Replacement of non-working air conditioning units,</li> <li>2. No new admissions or re-admissions,</li> <li>3. Department-approved monitor to be present each week for inservice and monitoring,</li> <li>4. Posting of notices on all doors.</li> </ol>

Name	Owner	Administrator	Action Taken	Rationale for Action	Next Step
Rocky Mountain Care – West Valley		Jon Owens	<b>Conditional License</b> – Issued from November 6, 2002 to May 6, 2002.	A survey found the facility to be out of compliance with issues regarding pressure sores and dietary, resulting in actual harm to residents.	<b>Facility is requesting and Informal Dispute Resolution from PCRA.</b> Conditions include: <ol style="list-style-type: none"> <li>1. Prior approval for all admissions and re-admissions to the facility;</li> <li>2. Facility must hold bi-weekly QA meetings to review new patients and other patients identified with weight concerns;</li> <li>3. Reports of QA meetings must be faxed to Bureau;</li> <li>4. Increased monitoring.</li> </ol>